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### *Importance of Supplying Correct Provider Identification Information Required in Items 17, 17a, 24K, and 33 of the Form CMS-1500, and the Electronic Equivalent*

#### Key Words

SE0529, Provider, Identification, CMS-1500, Electronic

#### Provider Types Affected

Physicians, providers, and suppliers who bill Medicare carriers, including durable medical equipment regional carriers (DMERCs)

#### Key Points

- Note the importance of reporting the correct provider identification information in items 17, 17a, 24K, and 33 of Form CMS-1500, or the electronic equivalent.
- This information is critical for accurate and timely processing and payment of affected providers' claims.

#### Items 17 and 17a

- On Form CMS-1500, or the electronic equivalent, the provider must submit the appropriate referring or ordering physician name in item 17, and the Unique Physician Identification Number (UPIN) of that referring/ordering physician in item 17a.
- These are required fields when a service was ordered or referred by a physician.
- When a claim involves multiple referring and/or ordering physicians, a separate claim must be submitted for each ordering/referring physician.

#### Item 17

- The name of the referring or ordering physician must be entered if the service or item was ordered or referred by a physician.

#### Item 17a

- The UPIN of the referring/ordering physician listed in item 17 must be entered.

- **Referring physician** - a physician who requests an item or service for the beneficiary for which payment may be made under the Medicare program.
- **Ordering physician** - a physician or, when appropriate, a non-physician practitioner who orders non-physician services for the patient. See Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, for non-physician practitioner rules. Examples of services that might be ordered include diagnostic laboratory tests, clinical laboratory tests, pharmaceutical services, durable medical equipment, and services incident to that physician's or non-physician practitioner's service.
- The ordering/referring requirement became effective January 1, 1992, and is required by §1833(q) of the Act.
- All claims for Medicare covered services and items that are the result of a physician's order or referral must include the ordering/referring physician's name and UPIN.
- This includes parenteral and enteral nutrition, immunosuppressive drug claims, and the following:
  - Diagnostic laboratory services
  - Diagnostic radiology services
  - Portable x-ray services
  - Consultative services
  - Durable medical equipment.
- Claims for other ordered/referred services not included in the preceding list will also show the ordering/referring physician's name and UPIN.
- When a service is incident to the service of a physician or non-physician practitioner, the name and assigned UPIN of the physician or non-physician practitioner who performs the initial service and orders the non-physician service must appear in items 17 and 17a.
- All physicians who order or refer Medicare beneficiaries or services must obtain a UPIN even though they may never bill Medicare directly.
  - A physician who has not been assigned a UPIN must contact the local Medicare carrier to obtain the UPIN.
  - A list of toll free numbers of the Medicare carriers is available at <http://www.cms.hhs.gov/apps/contacts/> on the CMS web site.
- When a physician extender or other limited licensed practitioner refers a patient for consultative service, the name and UPIN of the physician supervising the limited licensed practitioner must appear in items 17 and 17a.
- When a patient is referred to a physician who also orders **and** performs a diagnostic service, a separate claim form is required for the diagnostic service.
  - The original ordering/referring physician's name and UPIN must be entered in items 17 and 17a of the first claim form.

- The ordering (performing) physician's name and UPIN must be entered in items 17 and 17a of the second claim form (the claim for reimbursement for the diagnostic service).

#### Item 24K

- The **provider identification number (PIN)** of the performing provider of service/supplier must be entered in item 24K if the provider is a member of a group practice.
- When several different providers of service or suppliers within a group are billing on the same Form CMS-1500, or electronic equivalent, the individual PIN of each performing provider must be entered in the corresponding line item.
- In the case of a service provided incident to the service of a physician or non-physician practitioner, when the person who ordered the service is not supervising, the PIN of the supervisor must be entered in item 24K.
- UPINs are not appropriate identifiers for item 24K.

#### Item 33

- The provider of the service/supplier's billing name, address, zip code, and telephone number must be entered in item 33. **This is a required field.**
- For a provider who is **not** a member of a group practice (e.g., private practice), the PIN must be entered at the bottom of item 33 for paper claims. The PIN should be entered on the **left** side, next to the PIN# field.
- If a group practice is billing, then the **group PIN** is to be placed in item 33 for paper claims.
  - The group PIN must be entered at the bottom of item 33 on the **right** side, next to the GRP# field.
  - The PIN for the performing provider of service/supplier who is a member of that group practice must be entered in item 24K.
- Suppliers billing a DMERC will use the National Supplier Clearinghouse (NSC) number in this item.

**Note:** When implemented, the National Provider Identification (NPI) number will replace the PIN and UPIN. At that time, the NPI number will be used in items 17A, 24K, and 33.

#### Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0529.pdf>

The above instructions are included in Chapter 26 of the *Medicare Claims Processing Manual*, which is available at <http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912> on the CMS web site.

The *Medicare Benefit Policy Manual* can be found at <http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673> on the CMS web site.

For questions, affected providers may contact their carrier/DMERC at their toll free number, which is available at <http://www.cms.hhs.gov/apps/contacts/> on the CMS web site.